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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/763,149	
	Filing Date	April 30, 2001	
	First Named Inventor	Christoph Buskies	
	Art Unit	2655	
	Examiner Name	Daniel Demelash Abebe	
Total Number of Pages in This Submission		Attorney Docket Number	20008.029101 (3016051)

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 Mo.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) (#0058-2005) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Executed Declaration with Power of Attorney (total 3 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Acknowledgment Postcard		
<table border="1"><tr><td>Remarks <input checked="" type="checkbox"/></td><td>The fees in the amount of \$60 are to be paid as follows: The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to, Deposit Account No. 50-3010.</td></tr></table>			Remarks <input checked="" type="checkbox"/>	The fees in the amount of \$60 are to be paid as follows: The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to, Deposit Account No. 50-3010.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Hiscock & Barclay, LLP Thomas R. Fitzgerald, Esq.
Signature	
Date	10/14/05

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